

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name: Dyer Jewel E
 (Last) (First) (Middle Initial)

Prisoner Number: A#20559

Institutional Address: 951 Low Gap Rd
Ukiah CA 95482

FILED

JUL - 6 2018

SUSAN Y. SOONG
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

Jewel Evelyn Dyer
 (Enter your full name.)

0 V 18 405 2

Mendocino County Jail vs. Timothy Pearce, captain, MCT.
 capacity official & individual official & individual

Case No. _____
 (Provided by the clerk upon filing)

Suzanne Spillner, nurse, C.F.M.G. official & individual
CALIFORNIA FORENSIC MEDICAL GROUP official & individual
NAPH-CARE official & individual
 (Enter the full name(s) of the defendant(s) in this action.)

COMPLAINT UNDER THE
 CIVIL RIGHTS ACT,
 42 U.S.C. § 1983, 1981, 1985, 1987

☒ Demand 12 Person Jury Trial.

I. Exhaustion of Administrative Remedies.

Note: You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.

A. Place of present confinement Mendocino County Jail 951 Low Gap Rd

B. Is there a grievance procedure in this institution? YES ☒ NO ☐

C. If so, did you present the facts in your complaint for review through the grievance procedure? YES ☒ NO ☐ *Jones v. Bock, 549 U.S. 199 (2007) says: admin. relief is not required pursuant to "exhaustion doctrine"*

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

1. Informal appeal: C.B. 1270 12-27-16 Denied

Deputies refuse to give form

2. First formal level: C.B. 1270, 2752 12-28-16, Denied

Deputies refuse to give form

3. Second formal level: Skipped to Lvl. 3 by Admin.

Deputies refuse to give form

4. Third formal level: #2155 1-6-17 Denied, gives me one of several document requests needed for previous deadline as a "bargain."

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ☐

F. If you did not present your claim for review through the grievance procedure, explain why.

missing grievance submissions under former Sgt Marino and refusal to collect on time, denial of form,

gave grievance to Sgt Marino Jan 2017 and never seen it again see Exh. y

II. Parties.

A. Write your name and present address. Do the same for additional plaintiffs, if any.

Jewel Dyer

951 Low Gap Rd

UKiah CA 95482

B. For each defendant, provide full name, official position and place of employment.

* Timothy Pearce, Captain of Mendocino County Jail, Official & Individual

* Mendocino County Jail Official & Individual

* Suzanne Spillner Nurse of California Forensic Medical Group Official & Individual

* California Forensic Medical Group Official & Individual Medical Contractor

* NAPH-CAGE Official & Individual Medical Contractor

* Does 1-10 Official & Individual

1 **III. Statement of Claim.**

2 State briefly the facts of your case. Be sure to describe how each defendant is involved
 3 and to include dates, when possible. Do not give any legal arguments or cite any cases or
 4 statutes. If you have more than one claim, each claim should be set forth in a separate
 5 numbered paragraph.

6 See attached A1-3

16 **IV. Relief.**

17 Your complaint must include a request for specific relief. State briefly exactly what you
 18 want the court to do for you. Do not make legal arguments and do not cite any cases or
 19 statutes.

20 Punitive Damages, Injunctive Relief, Preliminary Injunctive Relief, of
 21 \$17,000,000.00 Nominal and Attorneys Fees, Declaratory Relief, Administrative
 22 Relief for irreparable damages, emotional relief, physical injury relief, mental anguish,
 23 past & future impairment to enjoy life. Plastic surgeries which Celebrities &
 24 Military Veterans can't afford. Nominal & Presumed Damages deemed legitimate.
 25 *Continued on 3A, 3B

24 I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

25 Executed on: 06/27/18

Date

Jurol Dyk
 Signature of Plaintiff

Verification

I have read the foregoing complaint and hereby verify that matters alleged therein are true, except as to matters alleged on information & belief, and, as to those, I believe them to be true. I certify under penalty of perjury that the foregoing is true and correct.

Executed at Ukiah, CA on 06/27/18

Signed Jewel Dyer
Jewel Dyer

Prisoner Complaint

- verification -

Deliberate Medical Indifference

Count I

1
2 1. Defendant's jail houses pretrial detainees & people convicted of crimes. Defendant is
3 obligated by state & federal law to provide medical care for persons lodged in Mendocino County
4 Jail.

5 2. Defendant by contract delegated to C.F.M.G. and Naph-Care it's duty to provide medical care to
6 pre-trial detainees and persons convicted of crimes lodged in Defendant Mendocino County Jail. In exchange
7 for a flat fee, CFMG & Naph-Care assumed all responsibility to deliver "quality medical services" to jail
8 inmates, and further agreed to meet all applicable federal, state & local guidelines, laws & regulations.
9 Co-Defendants CFMG & Naph-Care also agreed to pay for all inmate medical services that cannot be
10 performed in jail, including all ambulance & hospital charges.

11 3. On Oct 31/14 to present Plaintiff was pretrial detained. Employees of both Mendocino
12 County Jail, and it's Medical contracts were aware that Plaintiff suffers from a broken
13 spine at Thoracic segment 11 and records maintained reflected this

14 4. On Oct 3/14 and 03/29/16 Plaintiff was booked into Mendocino County Jail, during routine
15 booking examinations defendants C.F.M.G. were notified of a broken spine which Plaintiff
16 contends he is fumbling through different outside clinics and specialists to treat which
17 causes him acute pain, light headedness, spasms, a pinched sciatic nerve, trapped mucous infections,
18 hot flashes, sciatica, breathing impingement, sleeping limbs, dry mouth, frequent urinations,
19 frequent water drinking, tooth decay from dry mouth, bloody mucus, constantly cracking bloody lips,
20 and delayed scab healing. All staff did was tell Plaintiff he has a back knot and allergies
21 and then refused medication.

22 5. On July/2016, after several denied visits and inmate grievances, Plaintiff decided to
23 bring a specimen of his bloody mucus to prove it was not allergies. C.F.M.G. Nurse
24 Claire Teske told him "it was rust colored chewing gum in a tissue."

25 6. On May/2015 Plaintiff is released after one self-defense fight which hurt his back
26 further and acquiring instantly noticeable skin dryness and wrinkle damage from the
27 facility water on the knuckles of hands, feet, face, & private parts. All new maladies
28 misdiagnosed & ignored effectively. Upon postfight X-RAY request, the technician ignored frequent
reminders and x-rayed the wrong hand which wasn't visibly swollen. Back was denied.

1. 7. On March/29/16 to Present, Plaintiff is detained pending trial. Plaintiff has had to defend
2. himself a few more times from other inmates with escalating back pain.
- 3.
4. 8. By 2017 skin damage from water got worse with wrinkles growing from knuckles
5. up fingers and wrists. Plaintiff notices skin lotion significantly reduces reaction. He
6. now suffers from permanent rashes on finger and on high traffic shower scrubbing
7. areas. Plaintiff notices a build-up of mysterious slippery chemical in foreskin of
8. penis that if left uncleaned 5 minutes after any shower causes a circular chemical
9. burn induced laceration on the head of his penis. Plaintiff's knuckles on his feet
10. also now got 'scaly' wrinkles. See Exhibit X, Z.
- 11.
12. 9. Jan/2018, despite self medicating with lotion Plaintiff's kneecaps now got
13. severe wrinkling. Plaintiff has crows feet at 26 years old under his eyes. Plaintiff
14. further exhausted grievance procedure to no avail a couple more times. Plaintiff now all
15. of a sudden suffers Migraines at the same times every day that force him to sleep
16. them off for hours. Plaintiff still receives no pain medication. Sometimes Plaintiff's
17. new heel wrinkles start bleeding in handcuffs
- 18.
19. 10. Jan/2018, Defendant Mendocino County Jail switched medical contracts from C.F.M.G.
20. to Naph-Care and retained a couple doctors and nurses.
21. 11. Defendants were deliberately indifferent to Plaintiff's 8th & 14th Amendment
22. constitutional rights in that they:
23. a. failed to provide Plaintiff with prompt medical attention
24. b. Seriously aggravated Plaintiff's medical condition by denying him treatment for 2.5+ years.
25. c. failed to promptly transfer Plaintiff from the jail to the Hospital for diagnosis/treatment of his
26. Thoracic Wedging at sight T-11.
27. 12. As a direct result of the actions and inactions of defendants, Plaintiff has endured & suffered
28. severe physical & emotional distress, his medical condition has exacerbated, he suffers migraines

and requires extensive plastic surgery.

13. Plaintiff has been thoroughly denied outside doctor visits due to broken jail phones and inadequate toll menus Oct 2014 to Present

14. Defendant Timothy Pearce as Captain of Mendocino County Jail is and was responsible for administrative & fiscal control, day-to-day management and enforcement of policies/rules at all times in this complaint under official capacity and individual denying grievances.

15. Defendant Suzanne Spillner as capacity of Nurse for California Forensic Medical Group was responsible in Official & Individual capacity for not examining Plaintiff multiple occasions.

16. Defendants have failed to act and acted on grounds generally applicable to the ~~Plaintiff~~ Plaintiff, making final injunctive and declaratory relief appropriate.

17. Based on the allegations above Plaintiff believes his health will continue to deteriorate if relief is not issued in the near future.

IV. Relief (continued)

WHEREFORE, based upon the foregoing, Plaintiff prays that judgement be entered in his favor, and against these defendants and that plaintiff be awarded:

1a. Compensatory and actual damages.
\$8,500,000.00

2a. Punitive Damages.
\$8,500,000.00

3b. Total: \$17,000,000.00

also

WHEREFORE Plaintiff prays for relief as follows:

1a. That the court determine and enter judgement declaring that the acts omissions of the Defendants, as set forth above, violate rights secured to

Plaintiffs by the 1st, 6th, 8th, 9th, & 14th.

Amendments to the United States Constitution;

2a. That upon hearing, the Court issue a preliminary and permanent injunction;

2b. Enjoining that defendants, their employees, agents, and successors in office from providing medical care and treatment to Plaintiff that is inconsistent with the standards of medical care and treatment in the State of California as a whole; & Release Plaintiff pursuant to P. 2A.

2c. Enjoining the defendants, their employees, agents, and successors in office from refusing to provide and/or delaying provisions of necessary medical treatment and care to plaintiff either at suitable and adequate facilities within Mendocino County Jail, CCC or elsewhere;

2d. Enjoining that the defendants and their successors in office from failing to instruct, supervise, and train their employees and agents in such a manner that to assure the delivery of medical care and treatment to Plaintiff is consistent with California standards.

Relief (continued)

- 2e. Enjoining that defendants be relieved of duties and all valid practicing licenses be revoked.
- 2f. That court grants any other relief it deems fit.
- 3a. That the court establish a panel of independent medical experts, facility water experts, and corrections experts to regularly evaluate conditions at Mendocino County Jail and insure compliance of defendants and successors in office with the Court's orders herein.

Dated:

06/27/18

~~06/27/18~~

Jewel Bae
Pro Se

crosty skin powder
abnormally white

After
2014
Marijuana
detainment

Long
Permanent rash, off color
in bump form, itchy/
re-irritates w/ water contact

Prominent 'wadded'
camel toe at each
finger junction

Squamous
Skincell
Carcinoma?

looks like a dark
wrinkly bubble when
closed

Scales on Knuckles
ruining once pretty
hands

Straight line texture everywhere else
on body...

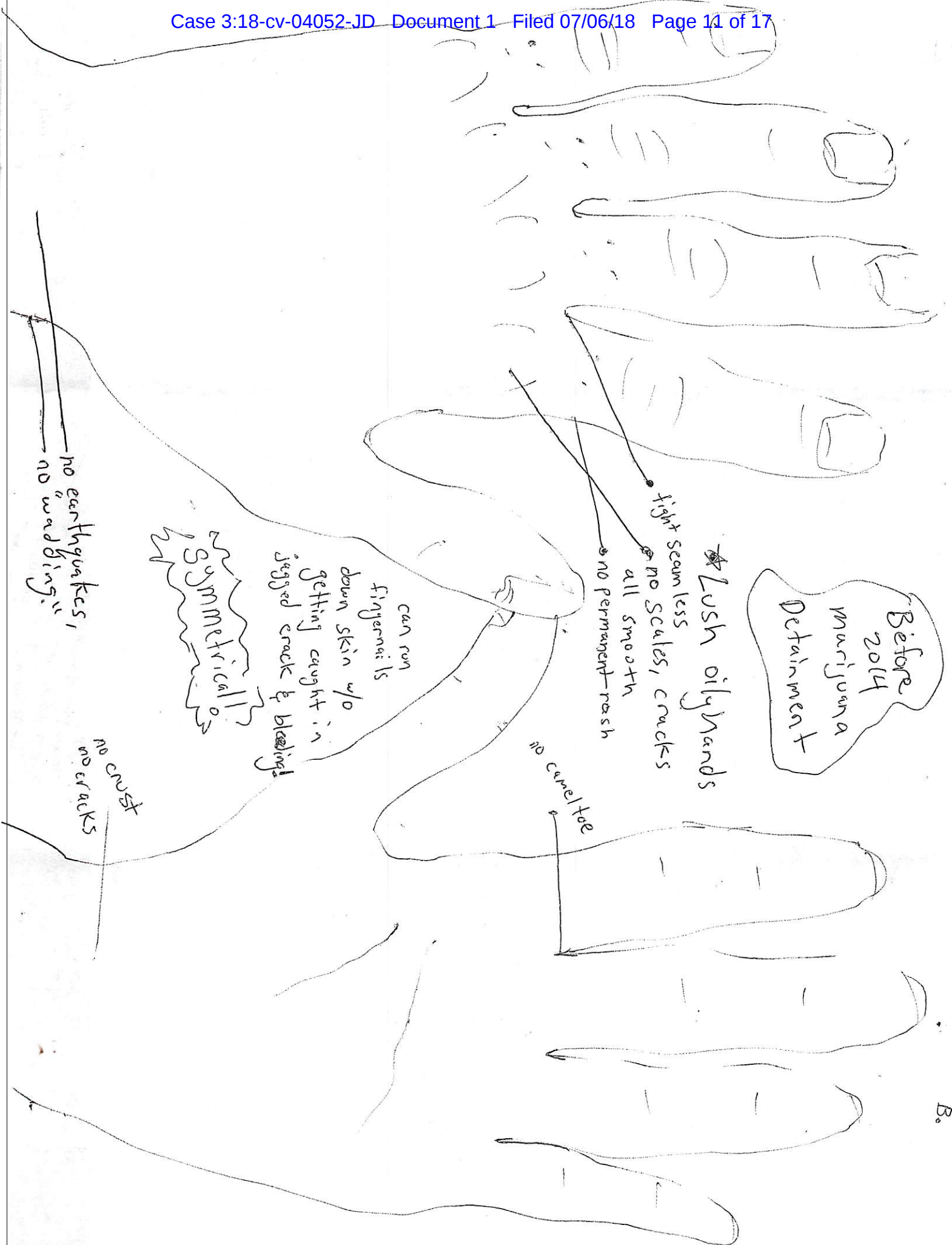
Prominent crack lines
in high traffic area
for movement

Rigid wadded flesh
looks like the moleman
naked mole rat
off of Ringo!!
crusty, powdery
callous?

All the
Maladies
are instant
Knowitically
acutely worse
5 minutes after
every contact
with facility
water!

Ex-
Artist's Interpretation
fres
Sti
Dead







INMATE GRIEVANCE FORM

If, while in the custody of the Mendocino County Sheriff's Office - Corrections Division, you have a complaint regarding custody treatment, medical treatment, Mendocino County Jail policies and procedures, or other custody related matters you may complete this form and give it to the on-duty Corrections Deputy. This form SHALL be submitted within five (5) days after occurrence of any specific incident and/or complaint.

Every attempt will be made to resolve your grievance at the lowest possible level, however, it may be necessary to bring your grievance to higher levels for resolution.

Grievances may be filed on all matters EXCEPT decisions issued by a court.

STATE YOUR GRIEVANCE: Medical

Master ID #: 20559

Name: Jewel Dyer

Housing Assignment: 64

Location of Occurrence: Medical

Date: 03/10/17 Time: 3:20 AM

GRIEVANCE: Shower water making skin worse and worse, coughing up blood and obvious infection with sputum release, offered to cough some up for staff on demand but got told it was chewing gum? No treatment offered, deliberate inhumane indifference, immediate contact with shower water produces urethral pain comparable to a bad papercut and it lingers, ~~bad~~ extreme wrinkling, dryness, rashes that are permanent, obviously from facility water supply. No back pain, no pain medications, ibuprofen causing urinations & weak bladder, deliberate refusal of pain meds and no treatment

Signature of Inmate: Jewel Dyer

Date: 03/10/17 Time: 3:20 PM

Received by: Stone

I.D.# 2135 Date: 3/10/17 Time: 1332

REPLY TO INMATE GRIEVANCE

Level I - Corrections Sergeant

Date: 3/12/17 Time: 1900

Resolution: DELIBERATE INDIFFERENCE MEANS IGNORING A PROBLEM YOU HAVE KNOWLEDGE OF. YOUR LAST 3 MEDICAL REQUESTS, WHICH SPAN THE LAST 30 DAYS, ADDRESS MUSCLE PAIN, FOR WHICH YOU WERE GIVEN MUSCLE BALM. IF YOU ARE HAVING OTHER ISSUES YOU NEED TO SUBMIT A MEDICAL REQUEST FORM

Corrections Sergeant: J. WILSON

I.D.# 2446 Date: 3/12/17 Time: 2117

Level II - Corrections Lieutenant

Date: Time:

Resolution:

Corrections Lieutenant: I.D.# Date: Time:

Level III - Corrections Division Commander

Date: 5/8/17 Time: 1142

Resolution: YOU HAVE BEEN SEEN BY A RN 24 TIMES, YOU HAVE BEEN SEEN BY A MD 3 TIMES. BOTH TYPES OF VISITS HAVE BEEN SINCE 3/29/16. YOU CAN BE SEEN BY YOUR OWN DOCTOR AT YOUR EXPENSE.

Corrections Division Commander: I.D.# 210 Date: 5/8/17 Time: 1149

Distribution: Original - Inmate

3 - Copies: "A" File.....Inmate Grievance File.....Corrections Division Commander



Corrections Division
951 Low Gap Road Ukiah CA 95482-3797

INMATE GRIEVANCE FORM

If, while in the custody of the Mendocino County Sheriff's Office - Corrections Division, you have a complaint regarding custody treatment, medical treatment, Mendocino County Jail policies and procedures, or other custody related matters you may complete this form and give it to the on-duty Corrections Deputy. This form SHALL be submitted within five (5) days after occurrence of any specific incident and/or complaint.

Every attempt will be made to resolve your grievance at the lowest possible level, however, it may be necessary to bring your grievance to higher levels for resolution.

Grievances may be filed on all matters EXCEPT decisions issued by a court.

STATE YOUR GRIEVANCE:

Master ID #: 20599

Name: James Dyer

Housing Assignment: 044

Location of Occurrence: 594 MARINO Date: Jan 11 17 Time: 6:30

GRIEVANCE: Today Percells and Marino + Rookie

all collectively refused to provide some
request slips and legal library request
slips. Thus denying me access to the
law library. It is apparent I have little to
no admin. relief. Last time I complained
with grievance over 3 shifts and only received
one law library form and fell behind 2 days
schedule.

Signature of Inmate: James Dyer Date: Jan 11 17 Time: 6:30

Received by: [Signature] I.D.# 2702 Date: 1-12-17 Time: 2016

REPLY TO INMATE GRIEVANCE

Level I - Corrections Sergeant

Date: 1/15/17 Time: 1900Resolution: THE ITEMS YOU REQUESTED WERE PROVIDED BY
CO CASE, AT YOUR REQUEST, ON 1/15/17.Corrections Sergeant: Johnson I.D.# 2446 Date: 1/15/17 Time: 2330

Level II - Corrections Lieutenant

Date: _____ Time: _____

Resolution: _____

Corrections Lieutenant: _____ I.D.# _____ Date: _____ Time: _____

Level III - Corrections Division Commander

Date: _____ Time: _____

Resolution: _____

Corrections Division Commander: _____ I.D.# _____ Date: _____ Time: _____

Distribution: Original - Inmate

3 -Copies: "A" File.....Inmate Grievance File.....Corrections Division Commander

JS 44 (Rev. 11/15)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Jewel Dyer
Jewel Evelyn Dyer

(b) County of Residence of First Listed Plaintiff *Mendocino County*
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

County of Residence of First Listed Defendant *Mendocino*
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

County Counsel Katherine Elliot?

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input checked="" type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): *42 USC § 1983, 1981, 1985*

Brief description of cause:

Deliberate Medical Malpractice Indifference

VII. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

17,000,000.00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

06/27/18

SIGNATURE OF ATTORNEY OF RECORD

Jewel Dyer

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here. United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; NOTE: federal question actions take precedence over diversity cases.)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerk(s) in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.
- V. Origin.** Place an "X" in one of the six boxes.

Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.

Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.

Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.

Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.